

215037193
60162

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

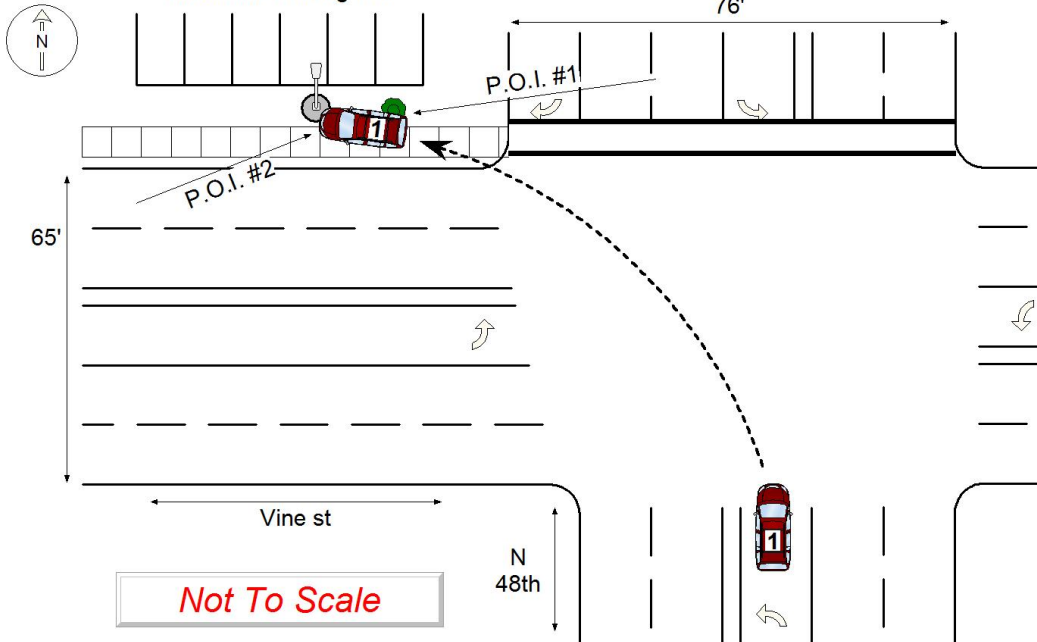
1	Total Number of Vehicles	Local No./ District 034	Agency Case No. B5-084632	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT 09/12/2015	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		(In Military Time) TIME OF ACCIDENT 1835	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1850	09/13/2015	
B 75	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Vine		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 3	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
80.00				X	N 48th	
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13439438		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER SPENSER L HASZARD		PHONE 402-474-1808		LOCAL NO.	
V2/N	DRIVER ADDRESS 3025 STARR ST, LINCOLN, NE 68503		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/05/1992
G 4	OWNER MATTHEW D HASZARD		PHONE 402-474-1808		LOCAL NO.	
H 2	OWNER ADDRESS 3025 Starr St, Lincoln, NE 68503		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB482708
V1/O 3	LICENSE PLATE PA NO.	SCF091		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O	VEHICLE	1999	MAKE Dodge	MODEL GSS	BODY STYLE Mini van	COLOR red
I 4	VEHICLE ID NO. (VIN)	1B4GP44GXXB550262		ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$		
J 01	TOWED TO	3025 Starr St		TOWED BY	AAA Motorist Assistance	
K 02	INSURANCE COMPANY		Farm Bureau Prop and Cas Ins Co			
POLICY NO.		7798764				
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q 1	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE		MAKE	MODEL	BODY STYLE	COLOR
K 02	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		
TOWED TO				TOWED BY		
POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084632

Indicate
North
by Arrow



Approximate P.O.I. #1
69' 1" W of W curb of N 48th
10' 10" N of N curb of Vine

Approximate P.O.I. #2
80' 9" W of W curb of N 48th
11' 6" N of N curb of Vine

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reported he had been NB on 48th in the left turn lane at Vine st. D1 stated he proceeded to make the left turn onto Vine, losing control of his veh due to the glare of the setting sun. V1 went off the N side of vine, went over a bush and collided with a concrete support pillar for a light pole. D1 was cited for negligent driving.

PROPERTY	OBJECT DAMAGED Bush/Pole	OWNER NAME Autozone Inc. 805 N 48th, Lincoln, NE 68504	ADDRESS	PHONE (402) 467-6330	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																							
1	X				N 48th				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px; text-align: center; line-height: 40px;">4</div>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px; text-align: center; line-height: 40px;">2</div>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ALCOHOL TESTING</td> <td>Driver No. 1</td> <td>Driver No. 2</td> <td>Pedestrian</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>BAC LEVEL</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	ALCOHOL LEVEL TESTED	Y	Y	Y	BAC LEVEL	N	X	N		
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ALCOHOL LEVEL TESTED	Y	Y	Y																									
BAC LEVEL	N	X	N																									
2									<div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px; text-align: center; line-height: 40px;">-</div>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px; text-align: center; line-height: 40px;">-</div>																	
1	06				06 Turning left		POINT OF IMPACT		02		POINT OF IMPACT																	
2					08 Entering traffic lane		MOST DAMAGED AREA		02		MOST DAMAGED AREA																	
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05 Turning right	08	07	06																									
				13 Unknown		12 Other																						

OFFICER NO. 1721	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Jacobsen		INVESTIGATOR SIGNATURE Approved by Officer Matthew Jacobsen	
DATE OF REPORT 09/13/2015			